OLIFF & BERRIDGE, PLC P.O. Box 19928 Alexandria, Virginia 22320

Telephone: (703) 836-6400

Facsimile: (703) 836-2787

In re the Application of

Koji MATSUKUMA

Application No.: 09/921,560

Filed: August 6, 2001

For: ETCHING MASK AND MAGNETIC HEAD DEVICE

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an Amendment in the above-identified application.

Entitlement to small entity status is hereby asserted.

I Small entity status of this application has been established.

The filing fee has been calculated as shown below:

| 12 | MADEULAS P | |
|----|------------------|--|
| | Corres. and Mail | |
| | | |

Group Art Unit: 2823

Attorney Docket No.: 102392.01

<u>AMENDMENT TRANSMITTAL</u>

Examiner:

W. David Coleman

OTHER THAN A

| | (Column 1) | (Column 2) | (Column 3) | | | | |
|---|---|---------------------------------------|------------------|--|--|--|--|
| | CLAIMS REMAINING AFTER AMENDMENT | HIGHEST NO. PREVIOUSLY PAID FOR | PRESENT EXTRA | | | | |
| TOTAL CLAIMS | *12 MINUS | **20 | =0 | | | | |
| INDEP CLAIMS | *5 MINUS | ***6 | =0 | | | | |
| ☐ FIRST PRESENTATION OF MULTIPLE DEP. CLAIM | | | | | | | |

| SMALL ENTITY | | | | | |
|-----------------|--------------|--|--|--|--|
| | | | | | |
| RATE | ADD'L FEE | | | | |
| x 9 | \$ | | | | |
| x 42 | \$ | | | | |
| +140 | \$ | | | | |
| | \$ | | | | |

| SMALL ENTITY | | | | | | |
|--------------|------|--------------|---|--|--|--|
| DR. | ŘATE | ADD'L FEE | | | | |
| | x 18 | \$_ | 0 | | | |
| | x 84 | \$ | 0 | | | |
| OR | +280 | \$ | | | | |
| | | \$ | 0 | | | |

- If the entry in Column 1 is less than the entry in Column 2, write "0" in Column 3.
- If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.
- If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

The "Highest Number Previously Paid For" in this space (Total or Independent) is the highest number found from

the equivalent box in Column 1 of a prior Amendment or the number of claims originally filed.

__ is attached. The Commissioner is hereby authorized to charge any _ in the amount of \$___ other fees that may be required to complete this filing, or to credit any overpayment, to Deposit Account No. 15-0461. Two duplicate copies of this sheet are attached.

Respectfully submitted,

James A. Oliff

Registration No. 27,075

Paul F. Daebeler

Registration No. 35,852

JAO:PFD/dap

Date: May 14, 2003



PATENT APPLICATION

RESPONSE UNDER 37 CFR §1.116 EXPEDITED PROCEDURE TECHNOLOGY CENTER ART UNIT 2823

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re the Application of

Koji MATSUKUMA

Group Art Unit: 2823

Application No.:

09/921,560

Examiner:

W. David Coleman

Filed: August 6, 2001

Docket No.:

102392.01

For:

ETCHING MASK AND MAGNETIC HEAD DEVICE

AMENDMENT AFTER FINAL REJECTION UNDER 37 CFR §1.116

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Sir:

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adria, VA 22313-1450

In reply to the February 14, 2003 Office Action, the following is submitted:

Adments to the Claims are reflected in the listing of claims;

Amendments to the Claims are reflected in the listing of claims;

Remarks.